

## PATENT APPLICATION FEE DETERMINATION RECORD

### Application or Doctor Number

09787781

## CLAMS AS FILED - PART I

(Column 1)		(Column 2)		SMALL ENTITY		SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	
BASIC FEE (27 C.F.R. 4.404)	42						
TOTAL CLAIMS (27 C.F.R. 4.404)	42	22			820		
INDEPENDENT CLAIMS (27 C.F.R. 4.404)	6	3			18	240	
MULTIPLE DEPENDENT CLAIM FEE (27 C.F.R. 4.404)							
TOTAL					840		

\* 27 C.F.R. 4.404(a) is column 1. 27 C.F.R. 4.404(b) is column 2.

CLAIMS AS AMENDED - PART II

APPENDIX A	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY OR		SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	MISS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
	Total OF CH + IND	MISS	MISS	-	25	0	25	-		
	INDEPENDENT OF CH + IND	MISS	MISS	-	25	0	25	-		
	IF PAYMENT OF MULTIPLE DEPENDENT CLAIM OFFER UNDER									

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	TOTAL ADDF. FEE	OR	TOTAL ADDF. FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
Total OF CLAIMS	23	MIACC	42	\$ -	OR	\$ -
Independent OF CLAIMS	3	MIACC	42	\$ -	OR	\$ -
				\$ -	OR	\$ -
				\$ -	OR	\$ -

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CLAIMS

					TOTAL	OR	TOTAL
					ADDITIONAL FEE		ADDITIONAL FEE
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total OTOL 11/83	*****	***	"	\$ 5.00		OR \$ 5.00 =
	Independent OTOL 11/83	*****	***	"	\$ 5.00		OR \$ 5.00 =

\* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  
 \*\* If the "Highest Number Previously Paid For" ON THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" ON THIS SPACE is less than 1, enter "1".  
 1. If the "Highest Number Previously Paid For" is less than 1, enter "1".

Understand Please: This form is submitted to help U.S. troops in Vietnam. Your help will depend upon the needs of the individual case. Any comments on the amount of fees you are required to complete this form should be sent to the Civil Information Office, U.S. Postal and Treatment Office, Washington, DC 20314. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: American Commission for

10-11-40

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